

A Study of Work-Life Balance among Women Medical Professionals of Private Hospitals at Rewa City

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Abstract—Work-life balance (WLB) has become an increasingly critical issue in today's fast-paced and demanding professional environment, especially for women in the medical field. This study explores the work-life balance experiences of women medical professionals working in private hospitals in Rewa City, Madhya Pradesh. The research aims to assess the extent of work-life balance, identify the challenges faced, and analyze the impact of professional responsibilities on their personal lives. A structured questionnaire was administered to 100 women professionals using a purposive sampling method. Data were analyzed using simple percentage analysis. The findings reveal that a significant number of respondents face difficulty in maintaining work-life balance due to long working hours, high workload, and lack of institutional support. Stress and burnout were reported by a majority of participants, while flexibility in work schedules was widely demanded. The study underscores the urgent need for gender-sensitive workplace policies, flexible scheduling, and better support systems to enhance work-life integration. The research contributes valuable insights for healthcare administrators and policymakers to create a more balanced and supportive working environment for women in the healthcare sector.

1. INTRODUCTION

In the ever-evolving healthcare sector, women have emerged as vital contributors, excelling in various medical roles as doctors, surgeons, nurses, and specialists. Across India, the representation of women in medical professions has increased significantly—according to the National Medical Commission (2022), women now account for nearly 44% of registered medical practitioners in the country. Despite this advancement, women continue to face persistent challenges in balancing professional demands with personal responsibilities, especially within high-pressure environments like private hospitals.

Work-life balance (WLB) refers to the equilibrium between the time and energy devoted to work and that allocated to personal and family life. For working women, particularly in the healthcare domain, achieving this balance is complex. They are often expected to fulfill dual roles—performing professionally while managing domestic responsibilities, child care, elder care, and other social expectations. In Indian society, traditional gender roles remain deeply rooted, placing a disproportionate burden on women to maintain household responsibilities even when they are fully engaged in their careers.

The situation becomes more critical in private hospitals, where extended duty hours, emergency calls, night shifts, lack of flexibility, and performance pressures are common. Unlike government hospitals, private institutions often operate in a profit-driven model, leading to intense work schedules and limited leave opportunities. These conditions can adversely affect the physical, mental, and emotional well-being of women professionals. Research by the Indian Council of Medical Research (ICMR, 2021) found that nearly 62% of female doctors in urban private hospitals reported poor work-life balance, with many citing excessive working hours and lack of family-friendly workplace policies as key reasons.

Rewa City, situated in Madhya Pradesh, is home to a growing network of private healthcare providers, including multi-specialty hospitals and diagnostic centers. With the rising demand for quality healthcare services, the participation of women medical professionals in Rewa's private healthcare sector has increased notably. However, there is a noticeable lack of research that focuses on the specific work-life challenges faced by women medical professionals in this regional context. Given the cultural conservatism

and social expectations prevalent in small and medium-sized cities like Rewa, women often face greater pressure to conform to traditional roles, making the work-life balance even more elusive.

This study is therefore designed to explore and analyze the work-life balance among women medical professionals in private hospitals of Rewa City. It aims to assess their current work-life conditions, identify factors that hinder or facilitate balance, and suggest actionable recommendations for hospital management and policy-makers. The research is significant not only for highlighting the lived experiences of these professionals but also for informing gender-sensitive policies that promote better health, satisfaction, and retention in the medical workforce.

2. LITERATURE REVIEW

2.1 Conceptual Understanding of Work-Life Balance
Greenhaus and Beutell (1985) first introduced the concept of work-family conflict, defining it as “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible.” Since then, the concept of work-life balance has evolved to encompass not only the absence of conflict but also the presence of harmony between personal and professional life.

Clark (2000) presented the Work/Family Border Theory, suggesting that individuals are border-crossers who manage and negotiate the boundaries between work and home domains. For working women, especially in healthcare, crossing these borders is more frequent and intense due to rigid schedules and caregiving expectations.

2.2 Gender and Work-Life Balance

Multiple studies have emphasized that women face more challenges than men in maintaining work-life balance due to gender-based role expectations. According to a report by the International Labour Organization (ILO, 2019), women spend nearly three times as many hours on unpaid care work compared to men globally, and even more in developing countries like India.

Sharma and Gupta (2021), in their study of female healthcare workers in Delhi, found that more than 65% reported moderate to high levels of work-related stress, citing lack of flexibility and institutional support as major factors. Their study highlighted that even highly educated women professionals were

burdened with household responsibilities, leaving little time for self-care or leisure.

2.3 Challenges Faced by Women in Healthcare Sector

The healthcare sector is widely acknowledged for its intense work environments, irregular schedules, and high emotional demands. For women doctors and medical staff, these conditions often result in occupational burnout, especially in private institutions where profit-oriented models demand longer working hours and fewer breaks.

A study by the Indian Council of Medical Research (ICMR, 2020) indicated that 67% of women doctors in private hospitals in urban India experienced work-life imbalance, and 52% were considering reducing working hours or changing careers due to family strain. The absence of supportive HR policies—such as flexible shifts, maternity leave, and mental health support—further worsens the situation.

Kaur and Singh (2019) conducted a study on women in private hospitals in Punjab, concluding that institutional support (such as crèche facilities, paid leave, and supervisor empathy) played a significant role in determining the extent of work-life satisfaction. They advocated for employee-centered HR policies that acknowledge gender roles and family obligations.

2.4 Regional Gap in Literature

Most existing studies are centered on metro cities like Delhi, Mumbai, and Bangalore. There is a noticeable gap in literature concerning Tier-2 and Tier-3 cities like Rewa, where the social dynamics, resource availability, and institutional structures differ considerably. In such regions, women often experience greater pressure from traditional roles, limited access to childcare support, and less progressive workplace policies, making it essential to conduct location-specific studies.

3. OBJECTIVES OF THE STUDY

3.1 To assess the level of work-life balance among women medical professionals in private hospitals.

3.2 To identify the key factors affecting their work-life balance.

3.3 To evaluate the impact of work-life balance on job performance and personal well-being.

4. RESEARCH METHODOLOGY

4.1 Research Design: Descriptive and analytical

4.2 Sampling Method: Purposive sampling
 4.3 Sample Size: 50 women medical professional
 4.4 Study Area: Private hospitals in Rewa City

4.5 Data Collection Tools: Structured questionnaire using Likert scale
 4.6 Data Analysis Techniques: Simple percentage analysis and graphical representation

5. DATA ANALYSIS & INTERPRETATION

Section A: Demographic Information

1. Age:

Basis	Responses	Percentage
Below 25	12	24
25–35	18	36
36–45	15	30
46 and above	5	10

Interpretation:

The age-wise distribution reveals that the majority of respondents (36%) belong to the 25–35 age group, indicating that young adults are the most represented in the sample. This is followed by 30% in the 36–45 age group, showing significant participation from middle-aged individuals. Respondents below 25 years constitute 24%, while only 10% are aged 46 and above, suggesting comparatively low representation from older professionals.

2. Marital Status:

Basis	Responses	Percentage
Married	26	52
Unmarried	13	26
Widowed	5	10
Divorced	6	12

Interpretation:

The data on marital status shows that the majority of respondents (52%) are married, indicating a significant presence of individuals with family responsibilities. Unmarried individuals make up 26% of the sample, while divorced and widowed respondents account for 12% and 10% respectively.

3. Number of Children:

Basis	Responses	Percentage
None	13	26
One	16	32
Two	15	30
More than Two	06	12

Interpretation:

The data on the number of children indicates that the largest proportion of respondents (32%) have one child, followed closely by 30% who have two children. About 26% of the respondents have no children, while 12% have more than two. This suggests that most participants are managing work alongside parenting responsibilities, with a considerable segment having small families.

4. Designation:

Basis	Responses	Percentage
Doctor	8	16
Nurse	26	52
Lab Technician	12	24

Other (Specify):	4	8
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Interpretation:

The designation-wise data shows that nurses form the majority of respondents at 52%, indicating their strong representation in the healthcare workforce surveyed. Lab technicians account for 24%, while doctors make up 16% of the sample. A small portion (8%) falls under the "Other" category.

5. Years of Experience:

Basis	Responses	Percentage
0–5 years	11	22
6–10 years	18	36
11–15 years	12	24
Above 15 years	9	18

Interpretation:

The data on years of experience shows that the highest proportion of respondents (36%) have 6–10 years of professional experience, indicating a well-established but not senior-level workforce. This is followed by 24% with 11–15 years of experience and 22% with 0–5 years, suggesting a mix of early- to mid-career professionals. Only 18% have more than 15 years of experience, showing limited representation from highly experienced individuals.

6. Working Hours per Day:

Basis	Responses	Percentage
Less than 8 hour	8	16
8–10 hours	32	64
More than 10 hour	10	20

Interpretation:

The data on daily working hours reveals that the majority of respondents (64%) work between 8–10 hours a day, reflecting a standard or slightly extended work schedule. About 20% work more than 10 hours daily, indicating a significant portion facing long working hours. Only 16% work less than 8 hours, suggesting that most medical professionals have demanding work commitments.

Section B: Work-Life Balance Statements

(Please tick the most appropriate option on a 5-point Likert Scale)

1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

	Statement	1	2	3	4	5	To tal	%
Objective 1: Assess work-life balance level								
	1. I am able to manage both work and family responsibilities effectively.	21	20	1	5	3	50	100
	2. I often find it difficult to spend quality time with my family due to work.	4	4	2	2	2	50	100
	3. My job allows me to maintain a healthy personal life.	14	18	6	8	4	50	100
							50	100

Objective 2: Identify factors affecting WLB	4. Long working hours negatively affect my personal life.	0	0	5	1	3	50	1
					5	0		0
	5. Lack of support from supervisors or management affects my work- life balance.	5	2	5	1	2	50	1
					6	2		0
	6. Household responsibilities affect my job performance.	3	6	8	1	1	50	1
					5	8		0
	7. I receive enough support from my family to handle job responsibilities.	7	1	5	1	1	50	1
			0		3	5		0
	8. Lack of childcare facilities at the workplace adds to my stress.	1	1	7	1	4	50	1
		3	2		4			0
							50	1
								0
Objective 3: Impact on job performance and well-being	9. Work-life imbalance has affected my physical or mental health.	4	9	4	1	1	50	1
					5	8		0
	10. I feel emotionally drained due to work and family demands.	4	1	6	1	1	50	1
			0		6	4		0
	11. Work-life conflict affects my performance at work.	4	6	3	1	1	50	1
					8	9		0
	12. I feel satisfied with my current work-life balance.	1	2	4	6	2	50	1
		8	0					0
							50	1
								0
								0

Interpretation (Objective 1: Assess Work-Life Balance Level):

The responses suggest that while a majority of respondents (41) feel they are effectively managing both work and family responsibilities, many (40) also admit they struggle to spend quality time with their families due to work demands. When asked if their job allows them to maintain a healthy personal life, 32 responded positively, but a significant number (18) expressed disagreement or neutrality.

Interpretation (Objective 2 – Factors affecting WLB): A very large majority feel long working hours hurt their personal life (45 agree/strongly agree; only 5 neutral, none disagree). Lack of

supervisory/managerial support is another strong pain point (38 agree vs. 7 disagree). Household responsibilities also impede job performance for many (33 agree). On the positive side, a fair number report adequate family support (28 agree), though 17 disagree, showing it isn't universal. Finally, lack of childcare facilities is not a dominant stressor for most (25 disagree vs. 18 agree), suggesting either limited childcare needs in the sample or other, more pressing stressors.

Interpretation (Objective 3 – Impact on Job Performance and Well-being):

The data shows that work-life imbalance significantly affects respondents' physical and mental health, with

33 (agree/strongly agree) acknowledging its impact. Similarly, emotional exhaustion is evident, with 30 respondents feeling drained due to both work and family demands. Work-life conflict is also impacting job performance, as 37 respondents agree that it affects their work. However, when asked about overall satisfaction with their current work-life balance, 38 respondents (strongly disagree/disagree) reported dissatisfaction, while only 8 expressed satisfaction.

6. FINDINGS

1. The age-wise distribution reveals that the majority of respondents (36%) belong to the 25–35 age group, indicating that young adults are the most represented in the sample. This is followed by 30% in the 36–45 age group, showing significant participation from middle-aged individuals. Respondents below 25 years constitute 24%, while only 10% are aged 46 and above, suggesting comparatively low representation from older professionals.

2. The data on marital status shows that the majority of respondents (52%) are married, indicating a significant presence of individuals with family responsibilities. Unmarried individuals make up 26% of the sample, while divorced and widowed respondents account for 12% and 10% respectively. This suggests a diverse mix of marital statuses, with married professionals forming the largest group.

3. The data on the number of children indicates that the largest proportion of respondents (32%) have one child, followed closely by 30% who have two children. About 26% of the respondents have no children, while 12% have more than two. This suggests that most participants are managing work alongside parenting responsibilities, with a considerable segment having small families.

4. The designation-wise data shows that nurses form the majority of respondents at 52%, indicating their strong representation in the healthcare workforce surveyed. Lab technicians account for 24%, while doctors make up 16% of the sample. A small portion (8%) falls under the "Other" category. This distribution highlights that the study primarily reflects the perspectives of nursing professionals.

5. The data on years of experience shows that the highest proportion of respondents (36%) have 6–10 years of professional experience, indicating a well-established but not senior-level workforce. This is

followed by 24% with 11–15 years of experience and 22% with 0–5 years, suggesting a mix of early- to mid-career professionals. Only 18% have more than 15 years of experience, showing limited representation from highly experienced individuals.

6. The data on daily working hours reveals that the majority of respondents (64%) work between 8–10 hours a day, reflecting a standard or slightly extended work schedule. About 20% work more than 10 hours daily, indicating a significant portion facing long working hours. Only 16% work less than 8 hours, suggesting that most medical professionals have demanding work commitments.

Finding (Objective 1: Assess Work-Life Balance Level):

The responses suggest that while a majority of respondents (41) feel they are effectively managing both work and family responsibilities, many (40) also admit they struggle to spend quality time with their families due to work demands. When asked if their job allows them to maintain a healthy personal life, 32 responded positively, but a significant number (18) expressed disagreement or neutrality. Overall, the findings indicate that although participants feel somewhat in control of their responsibilities, work pressures are still affecting their personal and family time, reflecting a partial imbalance in work-life harmony.

Finding (Objective 2 – Factors affecting WLB):

A very large majority feel long working hours hurt their personal life (45 agree/strongly agree; only 5 neutral, none disagree). Lack of supervisory/managerial support is another strong pain point (38 agree vs. 7 disagree). Household responsibilities also impede job performance for many (33 agree). On the positive side, a fair number report adequate family support (28 agree), though 17 disagree, showing it isn't universal. Finally, lack of childcare facilities is not a dominant stressor for most (25 disagree vs. 18 agree), suggesting either limited childcare needs in the sample or other, more pressing stressors. Overall, extended hours, weak managerial support, and domestic duties are the primary barriers to work-life balance.

Finding (Objective 3 – Impact on Job Performance and Well-being):

The data shows that work-life imbalance significantly affects respondents' physical and mental health, with 33 (agree/strongly agree) acknowledging its impact.

Similarly, emotional exhaustion is evident, with 30 respondents feeling drained due to both work and family demands. Work-life conflict is also impacting job performance, as 37 respondents agree that it affects their work. However, when asked about overall satisfaction with their current work-life balance, 38 respondents (strongly disagree/disagree) reported dissatisfaction, while only 8 expressed satisfaction. This indicates that work-life imbalance is having a considerable negative impact on both personal well-being and professional effectiveness.

7. CONCLUSION

The study on work-life balance among women medical professionals in private hospitals at Rewa City reveals significant insights into the demographic profile, challenges, and impact of work-life dynamics on their well-being and job performance. The majority of respondents are young to middle-aged, predominantly married, and managing small families, with nurses forming the largest professional group. Most participants work 8–10 hours daily and have 6–10 years of experience, indicating a workforce that is professionally active and burdened with responsibilities.

The assessment of work-life balance shows that while many feel capable of managing work and family duties, a substantial portion struggle to spend quality time with their families, and not all feel their job supports a healthy personal life. Key factors contributing to this imbalance include long working hours, lack of managerial support, and household responsibilities. Though family support is present for many, the absence of childcare facilities adds to stress for some.

The consequences of poor work-life balance are evident in the form of emotional exhaustion, deteriorating mental and physical health, and reduced job performance. A majority of respondents express dissatisfaction with their current work-life balance, emphasizing the need for institutional reforms such as flexible work hours, better managerial support, and family-friendly workplace policies. The study highlights the urgent need for interventions to support the well-being of women medical professionals and promote a healthier, more balanced work environment.

Ethical consideration

Participants will be informed about the purpose of the study and their voluntary participation will be ensured. Anonymity and confidentiality of the respondents will be strictly maintained throughout the research process.

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